



**Iowa Department of Human Services**

# **Iowa Medicaid: Innovations & Initiatives**



## Topics

- ICD-10
- ACA Expansion
- Presumptive Eligibility
- Health Information Technology
- PERM
- DHS Initiatives
- Adult Quality Measures
- SIM
- CDAC



## ICD-10



### Background

- ICD-9-CM (clinical modification) was developed by the World Health Organization (WHO) for worldwide use in 1979
- ICD-9 is over 30 years old & lacks sufficient detail
- ICD-10 was fully endorsed by WHO in 1994
- ICD-10 implementation *was to be* October 1, 2014



## ICD-10

### ICD-10 Delay

- On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted
- It states that ICD-10 cannot be adopted prior to October 1, 2015
- We are awaiting an interim final rule including a new compliance date of October 1, 2015



## ICD-10

### Resources

- IME ICD-10 news:  
<http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/ICD-10>
- CMS ICD-10 resources and information:  
[www.cms.gov/Medicare/Coding/ICD10/index.html](http://www.cms.gov/Medicare/Coding/ICD10/index.html)
- Email questions to: [icd-10project@dhs.state.ia.us](mailto:icd-10project@dhs.state.ia.us)



# **Affordable Care Act ACA**



## Referring/Prescribing

- Practitioners ordering, prescribing, or referring (OPR) services or supplies must be enrolled
- OPR providers do not bill Medicaid
- Appropriate for practitioners who:
  - Do not plan to submit claims for services
  - Do want to be enrolled as another provider type
  - Occasionally sees a Medicaid member who needs additional services or supplies that will be covered by the Medicaid program
- Claim editing began on 1/6/14





## ACA

### Pre & Post Enrollment Screenings

- Federal requirement, 42 CFR 455.432
- Pre & post enrollment site visits & screening requirements began November 15, 2012
- Certain newly enrolling & re-enrolling provider types are screened according to level of risk
  - Limited
  - Moderate
  - High

<http://dhs.iowa.gov/ime/providers/program-integrity-provisions-for-the-aca>



## ACA

### Provider Enrollment Application Fees

- Federal requirement, 42 CFR 455.460
- Exempt providers are:
  - Enrolled with Medicare and already paid the fee
  - Enrolled in another state's Medicaid or CHIP program
  - Individual providers
- Application fee for Calendar Year 2014 is \$542.00



# Presumptive Eligibility PE



## Presumptive Eligibility

### Rules

- 42 CFR § 435.1110 allows qualified Iowa providers to make presumptive eligibility determinations
- Presumes the applicant is eligible based on their statements
- Member is eligible for benefits until a formal eligibility determination is made or until the last day of the following month



## Presumptive Eligibility

### Qualified Entities

- Providers enroll to participate as a Qualified Entity
- Complete the Application to become certified
- Request access to the Medicaid Presumptive Eligibility Portal (MPEP)
- More information available at:  
<http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools>



## Presumptive Eligibility

### Categories

- Children under the age of 19
- Pregnant women (coverage of services limited to ambulatory prenatal care)
- Parents and caretaker relatives
- Individuals 19 or older and under 65
- Former foster care children under age 26
- Individuals needing treatment for breast or cervical cancer



# Health Information Technology HIT



### Incentives

- Federal incentives to Medicaid providers
- To promote adoption and meaningful use of electronic health records (EHR)
- Administered by the State Medicaid Program
- Eligible providers must meet minimum patient volume thresholds for Medicaid incentives
- Up to \$63,750 is available to each eligible professional over a six year period

<http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/EHRincentives>





## Incentives

Entity	Minimum Medicaid patient volume threshold	Or the Medicaid EP practices predominately in an FQHC or RHC – 30% needy individual patient volume threshold
Physicians	30%	
Pediatrics	20%	
Dentists	30%	
CNMs	30%	
PAs when practicing at an FQHC/RHC that is led by a PA	30%	
NPs	30%	N/A
Acute Care Hospitals	10%	
Children's Hospitals	No Requirement	



## HIT

### Information and Resources

- CMS EHR Incentive Program

[www.cms.gov/Regulations-and -  
Guidance/Legislation/EHRIncentivePrograms/index.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html)

- List of Certified EHR Technology

<http://oncchpl.force.com/ehrcert>

- Iowa State Medicaid HIT Plan (SMHP)

<http://dhs.iowa.gov/sites/default/files/2013%20SMHP.PDF>

- Iowa EHR Program FAQ

[http://dhs.iowa.gov/sites/default/files/FAQ.HIT\\_.pdf](http://dhs.iowa.gov/sites/default/files/FAQ.HIT_.pdf)



**Payment Error Rate  
Measurement  
PERM**



## PERM

### Background

- Cycles every 3 years-Current cycle is Federal Fiscal Year (FFY) 2014
- In Iowa, reviews previously performed for fiscal years 2008 & 2011
- Reviews for 2014 begin in June for claims paid during FFY 2014
- CMS measures the error rate of Medicaid & CHIP payments
- Contractor for reviews is A+ Government Solutions



## PERM

### State Responsibilities

- Reviews and validates the system provider contact information for sampled claims
- Identifies processes/contacts for the management of medical documentation
- Identifies special documentation processes or contact information for corporate contacts or multi-hospital systems
- Provides contact information for state representatives responsible for tracking provider responses



## PERM

### Contractor Communication

- Uses provider information from data files submitted by states
- Places initial call to the provider to verify provider's information
  - State support needed for incorrect/non-current contact information
- Sends the initial records request via fax or mail
- Calls providers and sends reminder requests at 30-day, 45-day and 60-day intervals, as needed



## PERM

### Provider Responsibilities

- Send medical records for Original Requests within 75 days of request
  - Mails records or submits by esMD or fax to 1-877-619-7850
- Send additional documentation within 14 calendar days of receiving additional documentation requests
  - Provide specific detail for missing documentation verbally and in writing



# DHS Initiatives





## ELIAS

### Eligibility Integrated Application Solution

- New Eligibility System to replace Iowa Automated Benefit Calculation System (IABC)
- Commercial Off the Shelf Product
  - Single streamlined application to align with the federal application
- Implementation in two phases:
  - Health care coverage application in late 2013
  - Other DHS programs forthcoming



## ELIAS

### Design

- Provide a single business process for all eligibility determinations
- Allow eligibility determinations in real-time
- Ensure automatic sharing between systems and programs
- Eliminate the need for duplicate entries
- Automate and execute verification activities in real-time
- Maximize access and allow direct client data entry
- Eliminate unnecessary paperwork and inefficiencies for clients and department staff



# **Adult and Children's Quality Measures**



## Adult Quality Measures

### Grant

- Two year grant program, *Measuring and Improving the Quality of Care in Medicaid*
- The grant has three key goals:
  - Testing and evaluating the collection and reporting of Health Care Quality Measures for Adults Enrolled in Medicaid
  - Developing staff capacity to report, analyze, and use data to improve access and quality of care in Medicaid
  - Conducting at least two Medicaid quality improvement projects (QIP)



## Adult Quality Measures

### IME Diabetes Quality Improvement Program

- Purpose is to improve rates of comprehensive diabetes care and reduce Short Term Complications (STC) admissions
  - Notifying providers of patients who have gaps in care
  - And who are at risk for hospital admission as a result of STC of diabetes
- Goal to improve comprehensive diabetes care by:
  - Reduce the diabetes STC admission rate by 10%



## Adult Quality Measures

### IME Asthma Quality Improvement Program

- Purpose to reduce adult asthma hospital admission rate by 10%
- Goal to improve comprehensive asthma care by targeting providers with patients who:
  - Over rely on their asthma rescue medication
  - Do not refill asthma controller meds in a 90-day period
  - Have ER visits with a primary asthma diagnosis within a 90-day period
  - Asthma-related hospital inpatient admission within a 90-day period



## Children's Quality Measures

- Total of 26 measures
  - 17 are clinical care measures such as immunizations and developmental screening
  - 2 are for population health, such as HPV vaccinations and weight assessments
  - 2 are care coordination / follow-up care
  - 1 is patient safety in the hospital setting
  - 3 are efficiency and cost reduction, such as appropriate use of the emergency room
  - 1 is for completion of the Consumer Assessment of Healthcare Providers and Systems® (CAHPS) survey



# **State Innovation Model SIM**





## State Innovation Model

### Inspiring Change

- Health care delivery system is fragmented
- Reimbursement methods for providers reward volume not value
- Cost of health care is unaffordable and unsustainable for citizens and taxpayers
- Iowa's long term care system relies heavily on institutional services



## State Innovation Model

### The IME Role in Delivery Reform

- The IME delivers care through the same health care system as other payers
- Payment and contracting methods are similar
- The IME is a significant payer, covers 23% of Iowans
- Primary payer of LTC Services



## State Innovation Model

### SIM-Step One

- State Healthcare Innovation Plan (SHIP)
- 8 month design grant awarded in February 2013
- Submitted SHIP December 2013
- Required 19 components including:
  - Vision statement for system transformation
  - Well defined “as is” for current system and “to be” for transformed state
  - Barriers and opportunities
  - Population health status measures, social/economic impacts



## State Innovation Model

### SIM-Step Two

- Pursue model testing grant proposal
- Round 2 released May 22
- Due July 21- Expected award announced end of October
- SHIP is part of testing grant application
- Information available at:

<http://dhs.iowa.gov/ime/about/state-innovation-models>



## State Innovation Model

### ACO Strategy

- Strategy 1: Implement multi-payer ACO methodology across Iowa's primary health care payers
- Strategy 2: Expand on the multi-payer ACO methodology to address integration of behavioral health services and long term care services
- Strategy 3: Population health, health promotion, member incentives



## State Innovation Model

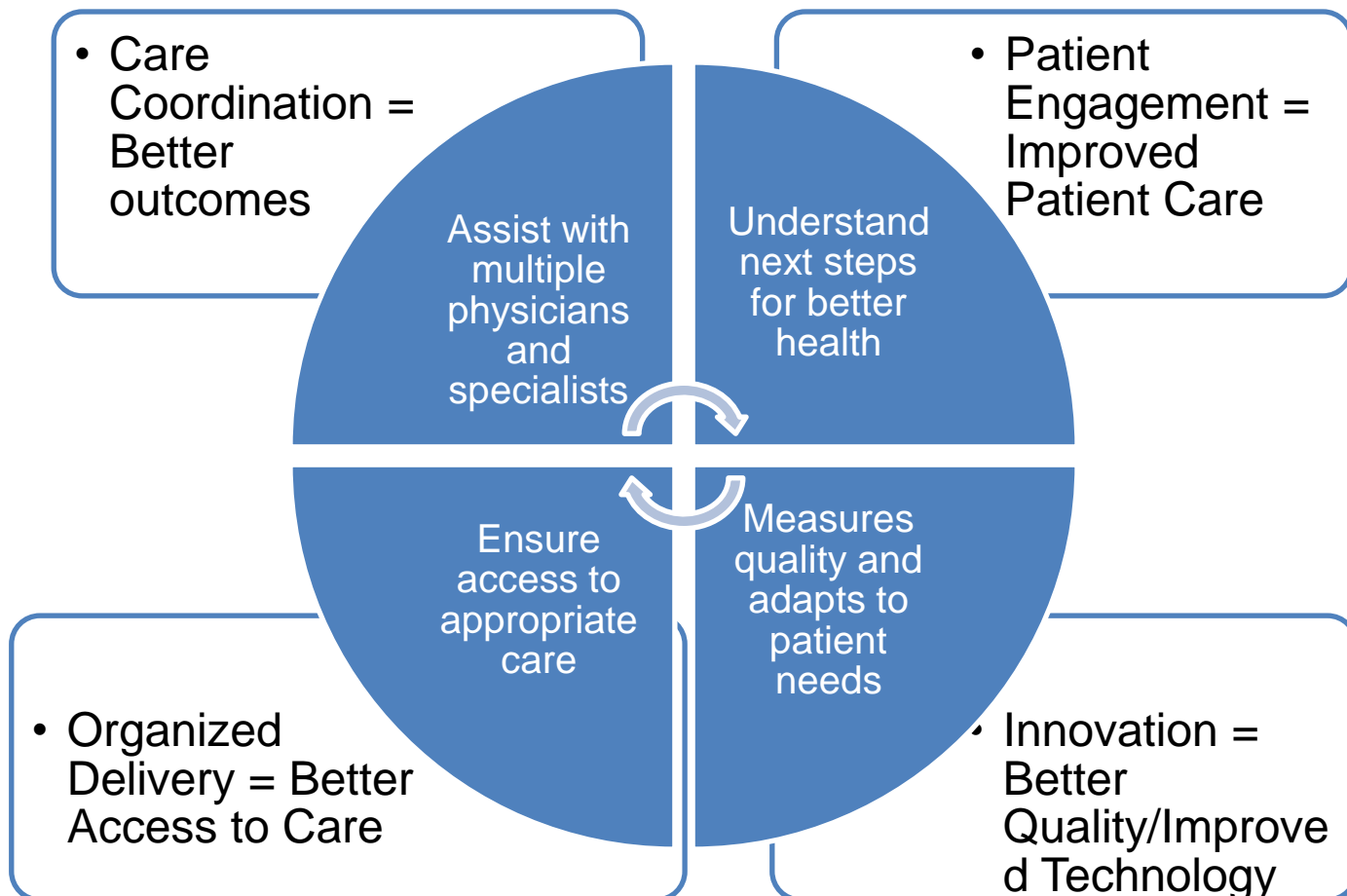
### ACO

**Accountable Care Organization:** is a health care organization “characterized by a payment and delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients...”



## State Innovation Model

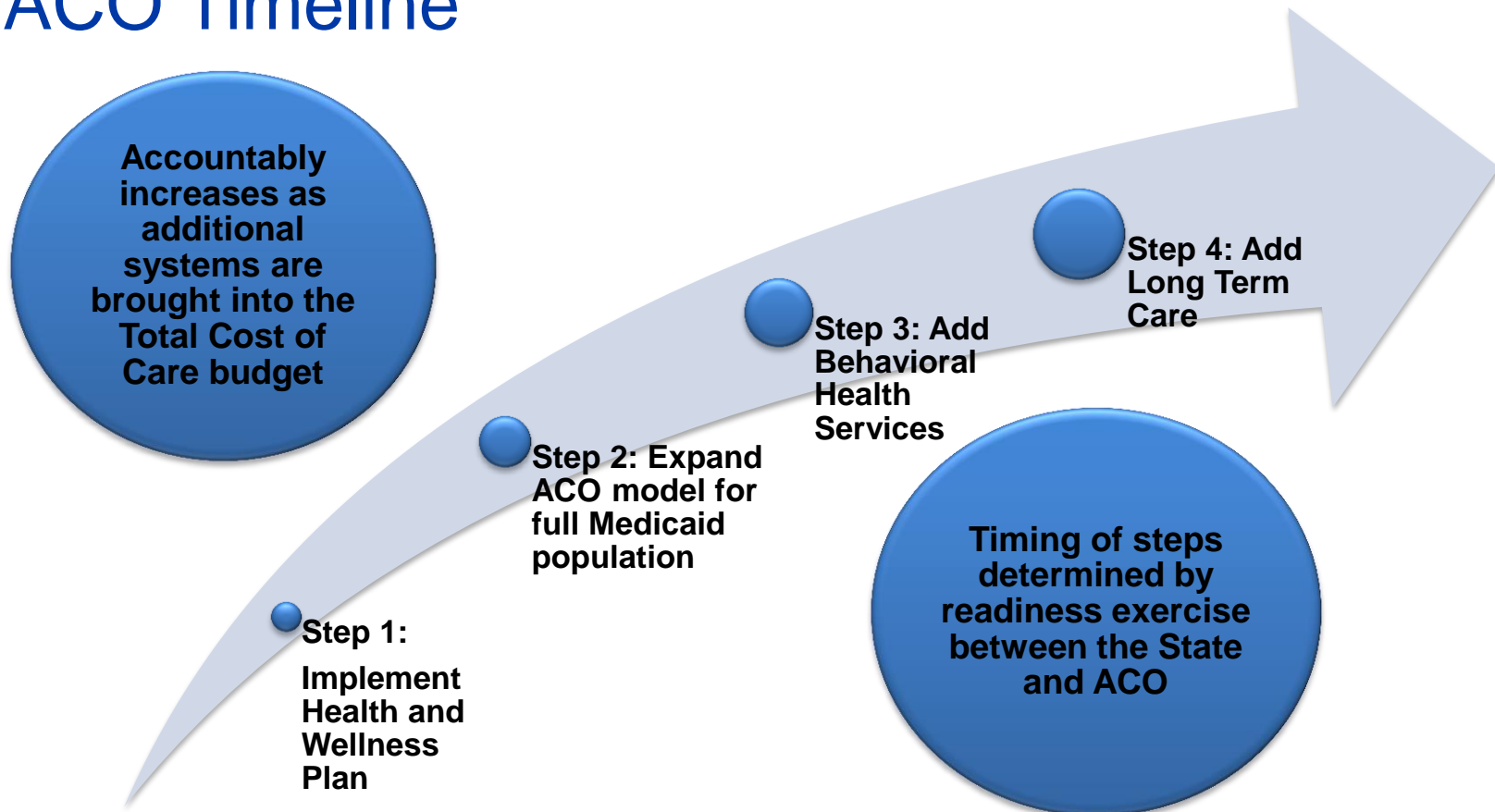
### ACO Goals





## State Innovation Model

### ACO Timeline







# Home and Community Based Services HCBS



## HCBS

### Settings Transition

- HCBS settings will now be defined based on the nature and quality of the member's experiences
- New regulations ensure member choice in where they live and who provides services
- Iowa Medicaid is seeking public comment and input on the transition process
- Transition plan and more information available at: <http://dhs.iowa.gov/ime/about/initiatives/HCBS>



## HCBS

### Supports Intensity Scale (SIS)

- SIS is a core standardized assessment tool used to evaluate the support needs of a person with an Intellectual and/or Developmental Disability
- The Mental Health and Disability Redesign Workgroup recommended use of the SIS
- Senate File 446 directed DHS to contract with an independent entity to perform the SIS



## HCBS

### Supports Intensity Scale (SIS)

- Gathered information can be used to:
  - Determine each member's eligibility for long term supports and services
  - Identify the individual support and service needs of each person
  - Assist in developing the member's individual service plan
  - Guide the allocation of resources in a way that is equitable and consistent with the member's needs



## HCBS

### Supports Intensity Scale (SIS)

- Implementation will begin August 1, 2014
  - Begin with members new to the Intellectual Disabilities (ID) Waiver and ICF/ID services
  - Randomly select one-third of the current ID Waiver and IFC/ID population
  - Another one-third will be randomly selected in year two
- More information is available at:  
<http://dhs.iowa.gov/ime/about/initiatives/BIPP/CSA>



## HCBS

### Senate File 2320

- Senate File 2320 signed into law on April 4, 2014
- Is retroactive to December 31, 2013



## HCBS

### Senate File 2320

- Allows legal representatives to provide Consumer Directed Attendant Care (CDAC) and Consumer Choice Options (CCO) services
- Sets hour and wage limits for legal representatives
- Will transition individual CDAC providers to CCO starting July 1, 2016
- Changes agency CDAC to personal care services



## HCBS

### Senate File 2320

- When CDAC or CCO services are provided by a legal representative:
  - Payment rate is fair and reasonable based on the skill level of the provider
  - Cannot work more than 40 hours per week
  - There must be a contingency plan for provision of services if legal representative is unable to provide care





## Provider Services Outreach Staff

Offer the following services:

- On-site training
- Escalated claims issues
- Managed care education
- email [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)